

ARLICK, HARRISON & MARKISON

P.O. Box 160727
Austin, Texas 78716-0727
Phone: (512) 342-0612
Fax: (512) 342-1674

2819

♦ INTELLECTUAL PROPERTY AND TECHNOLOGY LAW ♦

FACSIMILE TRANSMISSION

FAX COPY RECEIVED

SEP 23 2002

DATE: 9/23/02

TECHNOLOGY CENTER 2800

TO: Joseph Lauture	FROM: Tim Markison
COMPANY: USPTO	
FAX NO: 703 746-4032 308-7722	Pages: 2 including this sheet
PHONE NO:	RE: 09/728,027

NOTES:

The information contained in this communication is confidential, may be attorney-client privileged, may constitute inside information, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful.



2819

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

Application Number	09/128,027
Filing Date	11-30-00
First Named Inventor	John Willis
Art Unit	
Examiner Name	
Attorney Docket Number	SIG-000064

Please change the Correspondence Address for the above-identified application to:

☐

Customer Number

Type Customer Number here

Place Customer
Number Bar Code
Label here

OR

☒

Firm or
Individual Name

GARLICK, HARRISON & MARKISON LLP

Address

P.O. Box 160727

Address

City

Austin

State

Tx

ZIP

78716

Country

Telephone

(512) 342-0612

Fax

(512) 342-1674

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

☐

Applicant/Inventor.

☐

Assignee of record of the entire interest.

☐

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒

Attorney or Agent of record.

☐

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed
Name

TIMOTHY W. MARKISON

Signature

Tw Mark

Date

8-28-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐

*Total of _____ forms are submitted.

RECEIVED
SEP - 6 2002
TECHNOLOGY CENTER 2800